

114.3 CMR 18.00: RADIOLOGY

Section

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18.01: General Provisions

(1) Scope, Purpose and Effective Date. 114.3 CMR 18.00 governs the rates of payment used by all governmental units for radiology care and services rendered to publicly-aided patients by eligible providers. 114.3 CMR 18.00 is effective July 6, 2006. Rates for services rendered to individuals covered by M.G.L. c. 152 (the Worker's Compensation Act) are set forth in 114.3 CMR 40.00.

(2) Coverage. 114.3 CMR 18.00 and the rates of payment contained herein shall apply to the following situations for actual services rendered.

- (a) Radiology services rendered by an eligible provider who bills for services rendered and who performs these services in a private medical office, clinic, facility or other appropriate setting.
- (b) Radiology services rendered in a hospital by an eligible provider who is not under contractual arrangement with the hospital for radiology services.

The rates of payment under 114.3 CMR 18.00 are full compensation for patient care rendered to publicly aided patients, as well as for any related administrative or supervisory duties in connection with patient care and all associated overhead expenses.

(3) Disclaimer of Authorization of Services. 114.3 CMR 18.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 18.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology (CPT)*. The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and

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(c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5)Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 18.00.

18.02: General Definitions

Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 18.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology*, copyright 2005 by the American Medical Association (CPT) unless otherwise specified. Level II codes are obtained from 2006 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 18.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*. All rights reserved.

In addition, terms used in 114.3 CMR 18.00 shall have the meanings set forth in 114.3 CMR 18.02.

Eligible Provider. A licensed physician, licensed osteopath, licensed podiatrist, licensed dentist, or licensed chiropractor other than an intern, resident, fellow or house officer, who also meets such conditions of participation as may be adopted from time to time by a governmental unit.

A provider of therapeutic and diagnostic radiology services who must provide such services in accordance with generally accepted professional standards and in accordance with state licensing requirements and/or certification by national credentialing bodies as required by law. Such radiology services may be rendered by eligible providers such as, but not limited to, MRI centers, independent diagnostic testing facilities (IDTFs), portable x-ray providers and mammography vans. These eligible providers must be physically and financially independent of a hospital or a physician's office. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

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A clinic licensed by the Massachusetts Department of Public Health in accordance with regulation 105 CMR 140.000 to provide radiology services. The provider's eligibility is limited to those procedures specified by the governmental unit purchasing such services, and must meet such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

Eligible Mid-Level Practitioner.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse practitioner, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed registered nurse who is authorized by the Board of Registration in Nursing to practice as a nurse midwife, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a governmental unit.

A licensed physician assistant, who is authorized by the Board of Registration for Physician Assistants to practice as a physician assistant, whose eligibility is limited to those procedures specified by the governmental unit purchasing such services, and who also meets such conditions of participation as may have been or may be adopted from time to time by a government unit.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

Individual Consideration. Radiology services which are authorized but not listed herein, radiology services performed in unusual circumstances, and services designated "I.C." are individually considered items. The governmental unit or purchaser shall analyze the eligible provider's report of services rendered and charges submitted under the appropriate unlisted services or procedures category. Determination of appropriate payment for procedures designated I.C. shall be in accordance with the following standards and criteria:

- (a) the amount of time required to perform the service;
- (b) the degree of skill required to perform the service;
- (c) the severity or complexity of the patient's disease, disorder or disability;
- (d) any applicable relative value studies;
- (e) any complications or other circumstances that may be deemed relevant
- (f) the policies, procedures and practices of other third party insurers;
- (g) the payment rate for prescribed drugs as set forth in 114.3 CMR 31.00;
- (h) a copy of the current invoice from the supplier.

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Modifiers. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate two digit number.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Radiology Services. Radiology services including diagnostic ultrasound, radiation oncology and nuclear medicine provided for the assessment and/or treatment of a medical condition, injury, or illness.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a "separate procedure."

Special Report. A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort, and equipment necessary to provide the service.

Supervision and Interpretation Only. When a procedure is performed by two eligible physicians, the radiologic portion of the procedure is designated as "radiological supervision and interpretation." When an eligible physician performs both the procedure and the imaging supervision and interpretation, a combination of procedure codes outside the 70000 series and imaging supervision and interpretation codes are to be used. The radiological supervision and interpretation codes are not applicable to the Radiology Oncology subsection.

Unlisted Service or Procedure. A service or procedure may be provided that is covered but not listed in 114.3 CMR 18.04. When reporting such a service, the appropriate "Unlisted Procedure" code may be used to indicate the service, identifying it by "Special Report".

18.03: General Rate Provisions

(1) Rate Determination. Rates of payment to which 114.3 CMR 18.00 applies shall be the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly-aided or industrial accident patients; or
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of allowable fees set forth in 114.3 CMR 18.04(2).

(2) Supplemental Payment

(a) Eligibility. An eligible provider may receive a supplemental payment for services to publicly aided individuals eligible under Titles XIX and XXI of the Social Security Act if the following conditions are met:

1. the eligible provider is employed by a non-profit group practice that was established in accordance with St.1997 c.163 and is affiliated with a Commonwealth-owned medical school;
2. such non-profit group practice shall have been established on or before January 1, 2000 in order to support the purposes of a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school; and
3. the services are provided at a teaching hospital affiliated with and appurtenant to a Commonwealth-owned medical school.

(b) Payment Method. This supplemental payment may not exceed the difference between:

1. payments to the eligible provider made pursuant to the rates applicable under 114.3 CMR 18.03(1), and
2. the Federal upper payment limit set forth in 42 CFR 447.325.

(3) Individual Consideration. See description above under 18.02: *General Definitions*.

(4) Under no circumstances shall the sum of the professional and technical components of an individual procedure be greater than the allowable global fee set forth in 114.3 CMR 18.04(2).

(5) Allowable Mid-Level Fee for Qualified Mid-Level Practitioners. Payments for services provided by eligible licensed nurse practitioner, eligible licensed nurse midwives and eligible licensed physician assistants as specified in 114.3 CMR 18.02 shall be 85% of the fees contained in 114.3 CMR 18.04(2).

(6) CPT Category III Codes. All radiology related CPT category III codes are included as a part of this regulation and have an assigned fee of IC.

18.04: Maximum Allowable Fees

Unless otherwise specified, guidelines, notes and definitions provided in the 2004 CPT Coding Handbook are applicable to the use of the procedure codes and descriptions listed in 114.3 CMR 18.04(2).

(1) Modifiers:

-26: Professional Component. The component of a service or procedure representing the physicians' work interpreting or performing the service or procedure. When the physician component is reported separately, the

addition of modifier '-26' to the procedure code will allow the professional component allowable fee (PC Fee) contained in 114.3 CMR 18.04(2) to be paid.

-51: Multiple Procedures. Most radiology services do not require modifier 51. Modifier 51 applies only to nuclear medicine procedure codes 78306, 78320, 78802, 78803, 78806, 78807 and should be used only when a whole body bone, tumor or infection study is performed on the same day prior to a SPECT bone, tumor, or infection study, respectively. Under these circumstance, the modifier must be used to report multiple procedures performed at the same session. The service code for the major procedure or service must be reported without a modifier. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 18.04(2) to be paid to the eligible provider.

Note: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-52: Reduced Services. Under certain circumstances, a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier '-52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

-59: Distinct Procedural Service. To identify a procedure distinct or independent from other services performed on the same day add the modifier '-59' to the end of the appropriate service code. Modifier '-59' is used to identify services/procedures that are not normally reported together, but are appropriate under certain circumstances, for example, different site or organ system. However, when another already established modifier is appropriate it should be used rather than modifier '-59'.

-HN: Bachelor's Degree Level. (Use to indicate Physician Assistant) (This modifier is to be applied to service codes billed by a physician which were performed by a physician assistant employed by the physician or group practice.)

-SA: Nurse Practitioner rendering service in collaboration with a physician. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse practitioner employed by the physician or group practice.) (An independent nurse practitioner billing under his/her own individual provider number should not use this modifier.)

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-SB: Nurse Midwife. (This modifier is to be applied to service codes billed by a physician which were performed by a non-independent nurse midwife employed by the physician or group practice.) (An independent nurse midwife billing under his/her own individual provider number should not use this modifier.)

-TC: Pertains to the technical component for certain radiological procedures. Certain procedures are a combination of a physician, or professional component, and a technical component. When the technical component is reported separately, the addition of modifier '-TC' to the procedure code will allow the technical component allowable fee (TC Fee) contained in 114.3 CMR 18.04(2) to be paid.

(2) Fee Schedule

Code	Global Fee	PC Fee	TC Fee	Description
70010	195.65	47.03	148.62	Myelography, posterior fossa, radiological supervision and interpretation
70015	94.19	47.70	46.49	Cisternography, positive contrast, radiological supervision and interpretation
70030	21.28	6.92	14.35	Radiologic examination, eye, for detection of foreign body
70100	24.87	7.20	17.66	Radiologic examination, mandible; partial, less than four views
70110	31.23	9.81	21.42	Radiologic examination, mandible; complete, minimum of four views
70120	28.63	7.20	21.42	Radiologic examination, mastoids; less than three views per side
70130	40.46	13.52	26.94	Radiologic examination, mastoids; complete, minimum of three views per side
70134	38.81	13.52	25.29	Radiologic examination, internal auditory meati, complete
70140	28.90	7.48	21.42	Radiologic examination, facial bones; less than three views
70150	37.03	10.08	26.94	Radiologic examination, facial bones; complete, minimum of three views
70160	24.59	6.92	17.66	Radiologic examination, nasal bones, complete, minimum of three views
70170	44.65	11.85	32.80	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation
70190	29.79	8.37	21.42	Radiologic examination; optic foramina
70200	37.91	10.97	26.94	Radiologic examination; orbits, complete, minimum of four views
70210	28.35	6.92	21.42	Radiologic examination, sinuses, paranasal, less than three views
70220	36.75	9.81	26.94	Radiologic examination, sinuses, paranasal, complete, minimum of three views
70240	21.83	7.48	14.35	Radiologic examination, sella turcica
70250	30.95	9.53	21.42	Radiologic examination, skull; less than four views
70260	44.33	13.52	30.81	Radiologic examination, skull; complete, minimum of four views
70300	13.71	4.65	9.06	Radiologic examination, teeth; single view
70310	21.66	7.31	14.35	Radiologic examination, teeth; partial examination, less than full mouth

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Code	Global Fee	PC Fee	TC Fee	Description
70320	35.92	8.97	26.94	Radiologic examination, teeth; complete, full mouth
70328	23.87	7.20	16.67	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral
70330	38.46	9.53	28.93	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral
70332	94.59	22.04	72.55	Temporomandibular joint arthrography, radiological supervision and interpretation
70336	443.86	58.83	385.03	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)
70350	20.29	7.26	13.03	Cephalogram, orthodontic
70355	27.86	8.09	19.77	Orthopantomogram
70360	21.28	6.92	14.35	Radiologic examination; neck, soft tissue
70370	57.35	12.41	44.94	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique
70371	106.01	33.46	72.55	Complex dynamic pharyngeal and speech evaluation by cine or video recording
70373	79.01	17.28	61.73	Laryngography, contrast, radiological supervision and interpretation
70380	30.00	6.92	23.08	Radiologic examination, salivary gland for calculus
70390	76.69	14.96	61.73	Sialography, radiological supervision and interpretation
70450	195.94	33.74	162.20	Computed tomography, head or brain; without contrast material
70460	239.49	44.71	194.78	Computed tomography, head or brain; with contrast material(s)
70470	293.50	50.47	243.03	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections
70480	212.95	50.75	162.20	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	249.29	54.51	194.78	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	300.48	57.45	243.03	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections
70486	207.19	44.98	162.20	Computed tomography, maxillofacial area; without contrast material
70487	246.41	51.63	194.78	Computed tomography, maxillofacial area; with contrast material(s)
70488	298.98	55.95	243.03	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
70490	212.95	50.75	162.20	Computed tomography, soft tissue neck; without contrast material
70491	249.29	54.51	194.78	Computed tomography, soft tissue neck; with contrast material(s)
70492	300.15	57.12	243.03	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections
70496	434.13	69.19	364.94	Computed tomographic angiography, head, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70498	434.13	69.19	364.94	Computed tomographic angiography, neck, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
70540	433.90	53.35	380.55	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)

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Code	Global Fee	PC Fee	TC Fee	Description
70542	520.87	64.04	456.83	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	930.25	85.37	844.88	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	432.67	47.64	385.03	Magnetic resonance angiography, head; without contrast material(s)
70545	432.34	47.31	385.03	Magnetic resonance angiography, head; with contrast material(s)
70546	828.41	71.24	757.17	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences
70547	432.34	47.31	385.03	Magnetic resonance angiography, neck; without contrast material(s)
70548	432.34	47.31	385.03	Magnetic resonance angiography, neck; with contrast material(s)
70549	828.41	71.24	757.17	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	443.86	58.83	385.03	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
70552	532.67	70.69	461.99	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
70553	948.92	93.51	855.41	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences
70557		119.62		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material
70558		132.03		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)
70559		132.48		Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) a
71010	23.21	7.20	16.01	Radiologic examination, chest; single view, frontal
71015	26.03	8.37	17.66	Radiologic examination, chest; stereo, frontal
71020	30.07	8.64	21.42	Radiologic examination, chest, two views, frontal and lateral;
71021	35.98	10.69	25.29	Radiologic examination, chest, two views, frontal and lateral; with apical lordotic procedure
71022	37.42	12.13	25.29	Radiologic examination, chest, two views, frontal and lateral; with oblique projections
71023	42.01	15.07	26.94	Radiologic examination, chest, two views, frontal and lateral; with fluoroscopy
71030	39.08	12.13	26.94	Radiologic examination, chest, complete, minimum of four views;
71034	67.97	18.50	49.47	Radiologic examination, chest, complete, minimum of four views; with fluoroscopy
71035	24.87	7.20	17.66	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)

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Code	Global Fee	PC Fee	TC Fee	Description
71040	73.18	23.05	50.13	Bronchography, unilateral, radiological supervision and interpretation
71060	105.22	29.14	76.08	Bronchography, bilateral, radiological supervision and interpretation
71090	80.46	22.38	58.09	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation
71100	28.41	8.64	19.77	Radiologic examination, ribs, unilateral; two views
71101	33.77	10.69	23.08	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of three views
71110	37.64	10.69	26.94	Radiologic examination, ribs, bilateral; three views
71111	43.22	12.41	30.81	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of four views
71120	30.50	8.09	22.42	Radiologic examination; sternum, minimum of two views
71130	33.05	8.64	24.40	Radiologic examination; sternoclavicular joint or joints, minimum of three views
71250	249.15	45.87	203.28	Computed tomography, thorax; without contrast material
71260	292.11	49.08	243.03	Computed tomography, thorax; with contrast material(s)
71270	358.82	54.51	304.31	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	496.06	76.12	419.95	Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
71550	439.61	57.72	381.89	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	526.59	68.64	457.95	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	930.71	89.41	841.29	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	456.88	71.85	385.03	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)
72010	53.01	17.89	35.12	Radiologic examination, spine, entire, survey study, anteroposterior and lateral
72020	20.39	6.04	14.35	Radiologic examination, spine, single view, specify level
72040	29.40	8.64	20.76	Radiologic examination, spine, cervical; two or three views
72050	42.94	12.13	30.81	Radiologic examination, spine, cervical; minimum of four views
72052	53.16	14.40	38.76	Radiologic examination, spine, cervical; complete, including oblique and flexion and/or extension studies
72069	25.64	8.97	16.67	Radiologic examination, spine, thoracolumbar, standing (scoliosis)
72070	31.06	8.64	22.42	Radiologic examination, spine; thoracic, two views
72072	33.93	8.64	25.29	Radiologic examination, spine; thoracic, three views
72074	40.12	8.64	31.47	Radiologic examination, spine; thoracic, minimum of four views
72080	31.72	8.64	23.08	Radiologic examination, spine; thoracolumbar, two views
72090	34.05	10.97	23.08	Radiologic examination, spine; scoliosis study, including supine and erect studies
72100	31.72	8.64	23.08	Radiologic examination, spine, lumbosacral; two or three views
72110	43.60	12.13	31.47	Radiologic examination, spine, lumbosacral; minimum of four views

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Code	Global Fee	PC Fee	TC Fee	Description
72114	55.15	14.40	40.74	Radiologic examination, spine, lumbosacral; complete, including bending views
72120	39.45	8.64	30.81	Radiologic examination, spine, lumbosacral, bending views only, minimum of four views
72125	249.15	45.87	203.28	Computed tomography, cervical spine; without contrast material
72126	291.23	48.20	243.03	Computed tomography, cervical spine; with contrast material
72127	354.78	50.47	304.31	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
72128	249.15	45.87	203.28	Computed tomography, thoracic spine; without contrast material
72129	291.23	48.20	243.03	Computed tomography, thoracic spine; with contrast material
72130	354.78	50.47	304.31	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
72131	249.15	45.87	203.28	Computed tomography, lumbar spine; without contrast material
72132	291.23	48.20	243.03	Computed tomography, lumbar spine; with contrast material
72133	354.78	50.47	304.31	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
72141	448.51	63.49	385.03	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	538.44	76.45	461.99	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	491.02	63.49	427.53	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	538.11	76.12	461.99	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	486.37	58.83	427.53	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	533.01	71.02	461.99	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	957.28	101.88	855.41	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical
72157	956.95	101.54	855.41	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic
72158	948.92	93.51	855.41	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar
72159	495.58	75.00	420.58	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72170	24.59	6.92	17.66	Radiologic examination, pelvis; one or two views
72190	31.44	8.37	23.08	Radiologic examination, pelvis; complete, minimum of three views
72191	479.88	71.85	408.03	Computed tomographic angiography, pelvis, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
72192	246.55	43.27	203.28	Computed tomography, pelvis; without contrast material
72193	281.06	45.87	235.19	Computed tomography, pelvis; with contrast material(s)

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Code	Global Fee	PC Fee	TC Fee	Description
72194	339.58	48.20	291.39	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections
72195	439.61	57.72	381.89	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	526.59	68.64	457.95	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	936.08	89.41	846.67	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences
72198	456.27	71.24	385.03	Magnetic resonance angiography, pelvis, with or without contrast material(s)
72200	24.59	6.92	17.66	Radiologic examination, sacroiliac joints; less than three views
72202	28.90	7.48	21.42	Radiologic examination, sacroiliac joints; three or more views
72220	26.69	6.92	19.77	Radiologic examination, sacrum and coccyx, minimum of two views
72240	198.93	35.73	163.20	Myelography, cervical, radiological supervision and interpretation
72255	183.69	35.07	148.62	Myelography, thoracic, radiological supervision and interpretation
72265	172.20	32.19	140.01	Myelography, lumbosacral, radiological supervision and interpretation
72270	262.15	52.13	210.02	Myelography, two or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation
72275	103.38	28.59	74.79	Epidurography, radiological supervision and interpretation
72285	333.40	45.66	287.75	Diskography, cervical or thoracic, radiological supervision and interpretation
72295	303.16	33.30	269.86	Diskography, lumbar, radiological supervision and interpretation
73000	23.98	6.32	17.66	Radiologic examination; clavicle, complete
73010	24.59	6.92	17.66	Radiologic examination; scapula, complete
73020	22.05	6.04	16.01	Radiologic examination, shoulder; one view
73030	26.97	7.20	19.77	Radiologic examination, shoulder; complete, minimum of two views
73040	93.93	21.38	72.55	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation
73050	31.17	8.09	23.08	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction
73060	26.69	6.92	19.77	Radiologic examination; humerus, minimum of two views
73070	23.70	6.04	17.66	Radiologic examination, elbow; two views
73080	26.69	6.92	19.77	Radiologic examination, elbow; complete, minimum of three views
73085	94.26	21.71	72.55	Radiologic examination, elbow, arthrography, radiological supervision and interpretation
73090	23.98	6.32	17.66	Radiologic examination; forearm, two views
73092	22.99	6.32	16.67	Radiologic examination; upper extremity, infant, minimum of two views
73100	22.99	6.32	16.67	Radiologic examination, wrist; two views
73110	24.92	6.92	18.00	Radiologic examination, wrist; complete, minimum of three views
73115	75.93	21.38	54.55	Radiologic examination, wrist, arthrography, radiological supervision and interpretation
73120	22.99	6.32	16.67	Radiologic examination, hand; two views
73130	24.92	6.92	18.00	Radiologic examination, hand; minimum of three views
73140	19.51	5.15	14.35	Radiologic examination, finger(s), minimum of two views

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Code	Global Fee	PC Fee	TC Fee	Description
73200	213.42	43.27	170.15	Computed tomography, upper extremity; without contrast material
73201	249.15	45.87	203.28	Computed tomography, upper extremity; with contrast material(s)
73202	303.26	48.20	255.07	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections
73206	444.12	71.52	372.60	Computed tomographic angiography, upper extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73218	433.90	53.35	380.55	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	521.20	64.37	456.83	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	930.25	85.37	844.88	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	433.90	53.35	380.55	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	520.87	64.04	456.83	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	930.25	85.37	844.88	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	451.14	72.40	378.74	Magnetic resonance angiography, upper extremity, with or without contrast material(s)
73500	22.93	6.92	16.01	Radiologic examination, hip, unilateral; one view
73510	28.13	8.37	19.77	Radiologic examination, hip, unilateral; complete, minimum of two views
73520	33.49	10.41	23.08	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis
73525	94.15	21.61	72.55	Radiologic examination, hip, arthrography, radiological supervision and interpretation
73530	29.24	11.58	17.66	Radiologic examination, hip, during operative procedure
73540	27.86	8.09	19.77	Radiologic examination, pelvis and hips, infant or child, minimum of two views
73542	94.88	22.33	72.55	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation
73550	26.69	6.92	19.77	Radiologic examination, femur, two views
73560	24.59	6.92	17.66	Radiologic examination, knee; one or two views
73562	26.97	7.20	19.77	Radiologic examination, knee; three views
73564	30.07	8.64	21.42	Radiologic examination, knee; complete, four or more views
73565	23.60	6.92	16.67	Radiologic examination, knee; both knees, standing, anteroposterior
73580	111.49	21.28	90.21	Radiologic examination, knee, arthrography, radiological supervision and interpretation
73590	24.59	6.92	17.66	Radiologic examination; tibia and fibula, two views
73592	22.99	6.32	16.67	Radiologic examination; lower extremity, infant, minimum of two views
73600	22.99	6.32	16.67	Radiologic examination, ankle; two views
73610	24.92	6.92	18.00	Radiologic examination, ankle; complete, minimum of three views

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Code	Global Fee	PC Fee	TC Fee	Description
73615	94.15	21.61	72.55	Radiologic examination, ankle, arthrography, radiological supervision and interpretation
73620	22.99	6.32	16.67	Radiologic examination, foot; two views
73630	24.92	6.92	18.00	Radiologic examination, foot; complete, minimum of three views
73650	22.33	6.32	16.01	Radiologic examination; calcaneus, minimum of two views
73660	19.51	5.15	14.35	Radiologic examination; toe(s), minimum of two views
73700	213.42	43.27	170.15	Computed tomography, lower extremity; without contrast material
73701	249.15	45.87	203.28	Computed tomography, lower extremity; with contrast material(s)
73702	303.26	48.20	255.07	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections
73706	447.61	75.01	372.60	Computed tomographic angiography, lower extremity, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
73718	433.90	53.35	380.55	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	520.87	64.04	456.83	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	929.92	85.04	844.88	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	433.90	53.35	380.55	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	520.87	64.04	456.83	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	930.25	85.37	844.88	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	457.16	72.13	385.03	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74000	24.87	7.20	17.66	Radiologic examination, abdomen; single anteroposterior view
74010	29.02	9.25	19.77	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views
74020	32.11	10.69	21.42	Radiologic examination, abdomen; complete, including decubitus and/or erect views
74022	37.70	12.41	25.29	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest
74150	241.81	47.03	194.78	Computed tomography, abdomen; without contrast material
74160	285.66	50.47	235.19	Computed tomography, abdomen; with contrast material(s)
74170	346.79	55.40	291.39	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections
74175	483.04	75.01	408.03	Computed tomographic angiography, abdomen, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing
74181	439.61	57.72	381.89	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)

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Code	Global Fee	PC Fee	TC Fee	Description
74182	526.59	68.64	457.95	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	936.08	89.41	846.67	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	456.27	71.24	385.03	Magnetic resonance angiography, abdomen, with or without contrast material(s)
74190	64.00	19.06	44.94	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation
74210	55.15	14.40	40.74	Radiologic examination; pharynx and/or cervical esophagus
74220	58.91	18.17	40.74	Radiologic examination; esophagus
74230	65.71	20.77	44.94	Swallowing function, with cineradiography/videoradiography
74235	135.96	47.03	88.74	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation
74240	77.55	27.42	50.13	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, without KUB
74241	78.55	27.42	51.12	Radiologic examination, gastrointestinal tract, upper; with or without delayed films, with KUB
74245	118.11	36.06	82.04	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial films
74246	83.96	27.42	56.54	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, without KUB
74247	85.51	27.42	58.09	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed films, with KUB
74249	124.62	36.06	88.56	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through
74250	63.39	18.45	44.94	Radiologic examination, small intestine, includes multiple serial films;
74251	72.36	27.42	44.94	Radiologic examination, small intestine, includes multiple serial films; via enteroclysis tube
74260	70.74	19.61	51.12	Duodenography, hypotonic
74270	86.17	27.42	58.75	Radiologic examination, colon; barium enema, with or without KUB
74280	116.02	38.94	77.08	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon
74283	168.11	79.88	88.23	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)
74290	37.70	12.41	25.29	Cholecystography, oral contrast;
74291	22.44	8.09	14.35	Cholecystography, oral contrast; additional or repeat examination or multiple day examination
74300		14.40		Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation
74301		8.37		Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)

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Code	Global Fee	PC Fee	TC Fee	Description
74305	43.68	16.73	26.94	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation
74320	129.81	21.38	108.43	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation
74327	88.77	27.70	61.07	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation
74328	136.13	27.70	108.43	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation
74329	134.40	27.70	106.73	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation
74330	143.89	35.46	108.43	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation
74340	111.60	21.38	90.21	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation
74350	138.46	30.02	108.43	Percutaneous placement of gastrostomy tube, radiological supervision and interpretation
74355	120.24	30.02	90.21	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation
74360	130.15	21.71	108.43	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation
74363	241.57	34.90	206.70	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation
74400	77.42	19.33	58.09	Urography (pyelography), intravenous, with or without KUB, with or without tomography
74410	86.69	19.33	67.36	Urography, infusion, drip technique and/or bolus technique;
74415	92.54	19.33	73.21	Urography, infusion, drip technique and/or bolus technique; with nephrotomography
74420	104.62	14.40	90.21	Urography, retrograde, with or without KUB
74425	59.34	14.40	44.94	Urography, antegrade, (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation
74430	48.74	12.63	36.11	Cystography, minimum of three views, radiological supervision and interpretation
74440	53.72	14.96	38.76	Vasography, vesiculography, or epididymography, radiological supervision and interpretation
74445	84.19	45.43	38.76	Corpora cavernosography, radiological supervision and interpretation
74450	63.37	13.24	50.13	Urethrocystography, retrograde, radiological supervision and interpretation
74455	67.79	13.24	54.55	Urethrocystography, voiding, radiological supervision and interpretation
74470	64.34	21.38	42.95	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation
74475	161.39	21.38	140.01	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
74480	161.39	21.38	140.01	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation
74485	129.71	21.28	108.43	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation
74710	49.63	13.52	36.11	Pelvimetry, with or without placental localization
74740	60.23	15.29	44.94	Hysterosalpingography, radiological supervision and interpretation
74742	130.92	24.21	106.73	Transcervical catheterization of fallopian tube, radiological supervision and interpretation
74775	74.95	24.82	50.13	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)
75552	448.51	63.49	385.03	Cardiac magnetic resonance imaging for morphology; without contrast material
75553	463.58	78.55	385.03	Cardiac magnetic resonance imaging for morphology; with contrast material
75554	458.53	73.51	385.03	Cardiac magnetic resonance imaging for function, with or without morphology; complete study
75555	456.04	71.01	385.03	Cardiac magnetic resonance imaging for function, with or without morphology; limited study
75556	I.C.			Cardiac magnetic resonance imaging for velocity flow mapping
75600	453.38	20.33	433.06	Aortography, thoracic, without serialography, radiological supervision and interpretation
75605	479.03	45.98	433.06	Aortography, thoracic, by serialography, radiological supervision and interpretation
75625	478.59	45.54	433.06	Aortography, abdominal, by serialography, radiological supervision and interpretation
75630	523.80	72.30	451.50	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation
75635	632.32	95.17	537.15	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, radiological supervision and interpretation, without contrast material(s), followed by contrast material(s) and further sections, including image post-proc
75650	492.17	59.11	433.06	Angiography, cervicocerebral, catheter, including vessel origin, radiological supervision and interpretation
75658	486.51	53.46	433.06	Angiography, brachial, retrograde, radiological supervision and interpretation
75660	485.30	52.24	433.06	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	499.97	66.91	433.06	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	485.97	52.91	433.06	Angiography, carotid, cerebral, unilateral, radiological supervision and interpretation
75671	498.87	65.81	433.06	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	485.52	52.46	433.06	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
75680	498.87	65.81	433.06	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	484.96	51.91	433.06	Angiography, vertebral, cervical, and/or intracranial, radiological supervision and interpretation
75705	520.59	87.54	433.06	Angiography, spinal, selective, radiological supervision and interpretation
75710	479.15	46.09	433.06	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	485.19	52.13	433.06	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	479.03	45.98	433.06	Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation
75724	494.04	60.98	433.06	Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation
75726	478.04	44.98	433.06	Angiography, visceral, selective or supraseductive, (with or without flush aortogram), radiological supervision and interpretation
75731	478.26	45.21	433.06	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation
75733	485.30	52.24	433.06	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation
75736	478.59	45.54	433.06	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation
75741	484.96	51.91	433.06	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation
75743	498.54	65.48	433.06	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation
75746	478.37	45.31	433.06	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation
75756	480.46	47.41	433.06	Angiography, internal mammary, radiological supervision and interpretation
75774	447.46	14.40	433.06	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75790	119.40	72.91	46.49	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
75801	219.47	33.19	186.28	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation
75803	232.42	46.15	186.28	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation
75805	242.54	32.52	210.02	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	252.81	46.15	206.70	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75809	45.39	18.45	26.94	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
75810	478.04	44.98	433.06	Splenoportography, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
75820	60.50	27.70	32.80	Venography, extremity, unilateral, radiological supervision and interpretation
75822	92.90	42.10	50.79	Venography, extremity, bilateral, radiological supervision and interpretation
75825	478.49	45.43	433.06	Venography, caval, inferior, with serialography, radiological supervision and interpretation
75827	478.04	44.98	433.06	Venography, caval, superior, with serialography, radiological supervision and interpretation
75831	478.26	45.21	433.06	Venography, renal, unilateral, selective, radiological supervision and interpretation
75833	492.61	59.56	433.06	Venography, renal, bilateral, selective, radiological supervision and interpretation
75840	478.82	45.76	433.06	Venography, adrenal, unilateral, selective, radiological supervision and interpretation
75842	491.84	58.78	433.06	Venography, adrenal, bilateral, selective, radiological supervision and interpretation
75860	478.48	45.42	433.06	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation
75870	478.70	45.65	433.06	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	480.06	47.00	433.06	Venography, epidural, radiological supervision and interpretation
75880	60.50	27.70	32.80	Venography, orbital, radiological supervision and interpretation
75885	489.89	56.84	433.06	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation
75887	489.89	56.84	433.06	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation
75889	478.04	44.98	433.06	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation
75891	478.04	44.98	433.06	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation
75893	454.44	21.38	433.06	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
75894	882.04	52.36	829.68	Transcatheter therapy, embolization, any method, radiological supervision and interpretation
75896	773.93	52.35	721.58	Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
75898	101.64	65.53	36.11	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion
75900	729.56	19.56	710.02	Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
75901	81.30	19.33	61.97	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
75902	77.54	15.57	61.97	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
75940	454.89	21.83	433.06	Percutaneous placement of IVC filter, radiological supervision and interpretation
75945	173.31	16.62	156.68	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
75946	94.56	16.85	77.74	Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
75952		183.48		Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
75953		55.53		Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
75954		91.58		Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation
75956		299.30		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75957		256.42		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
75958		170.98		Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
75959		149.70		Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
75960	545.02	33.13	511.89	Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
75961	528.59	167.63	360.96	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation
75962	562.99	21.61	541.38	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation

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Code	Global Fee	PC Fee	TC Fee	Description
75964	302.71	14.63	288.08	Transluminal balloon angioplasty, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75966	594.28	52.90	541.38	Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
75968	302.81	14.74	288.08	Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75970	429.69	33.18	396.51	Transcatheter biopsy, radiological supervision and interpretation
75978	562.76	21.38	541.38	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation
75980	243.12	56.84	186.28	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation
75982	263.49	56.84	206.70	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation
75984	95.61	28.25	67.36	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, gastrointestinal system, genitourinary system, abscess), radiological supervision and interpretation
75989	155.46	47.03	108.43	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation
75992	563.32	21.94	541.38	Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
75993	298.48	14.74	283.76	Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75994	585.94	53.13	532.87	Transluminal atherectomy, renal, radiological supervision and interpretation
75995	585.81	53.01	532.87	Transluminal atherectomy, visceral, radiological supervision and interpretation
75996	298.15	14.40	283.76	Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
75998	60.68	15.07	45.61	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)
76000	51.53	6.59	44.94	Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)
76001	117.20	26.98	90.21	Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

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Code	Global Fee	PC Fee	TC Fee	Description
76003	65.99	21.05	44.94	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device)
76005	67.22	22.28	44.94	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacro)
76006	18.67			Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated
76010	24.87	7.20	17.66	Radiologic examination from nose to rectum for foreign body, single view, child
76012		54.13		Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under fluoroscopic guidance
76013		55.73		Radiological supervision and interpretation, percutaneous vertebroplasty or vertebral augmentation including cavity creation, per vertebral body; under CT guidance
76020	25.14	7.48	17.66	Bone age studies
76040	37.64	10.69	26.94	Bone length studies (orthoroentgenogram, scanogram)
76061	52.35	17.89	34.45	Radiologic examination, osseous survey; limited (eg, for metastases)
76062	70.85	21.38	49.47	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)
76065	52.99	27.70	25.29	Radiologic examination, osseous survey, infant
76066	50.45	12.36	38.09	Joint survey, single view, two or more joints (specify)
76070	111.39	9.81	101.59	Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)
76071	107.76	8.64	99.12	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
76075	118.30	11.85	106.45	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)
76076	34.93	8.97	25.95	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)
76077	32.88	6.92	25.95	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment
76078	34.04	8.09	25.95	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites
76080	57.49	21.38	36.11	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation
76082	16.68	2.55	14.13	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)
76083	16.68	2.55	14.13	Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for

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Code	Global Fee	PC Fee	TC Fee	Description
				primary procedure)
76086	104.62	14.40	90.21	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation
76088	143.66	17.89	125.77	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation
76090	63.81	27.70	36.11	Mammography; unilateral
76091	79.23	34.29	44.94	Mammography; bilateral
76092	93.09	36.84	56.25	Screening mammography, bilateral (two view film study of each breast)
76093	669.96	64.32	605.64	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
76094	886.04	64.32	821.72	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
76095	309.33	63.33	246.01	Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
76096	66.88	21.94	44.94	Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation
76098	20.67	6.32	14.35	Radiological examination, surgical specimen
76100	66.00	23.05	42.95	Radiologic examination, single plane body section (eg, tomography), other than with urography
76101	71.85	23.05	48.81	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral
76102	83.12	23.05	60.07	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral
76120	51.40	15.29	36.11	Cineradiography/videoradiography, except where specifically included
76125	37.64	10.69	26.94	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)
76140	I.C.			Consultation on X-ray examination made elsewhere, written report
76150	14.35			Xeroradiography
76350	11.44			Subtraction in conjunction with contrast studies
76355	331.47	47.92	283.55	Computed tomography guidance for stereotactic localization
76360	329.42	45.87	283.55	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation
76362	464.57	157.72	306.85	Computed tomography guidance for, and monitoring of, visceral tissue ablation
76370	135.32	33.74	101.59	Computed tomography guidance for placement of radiation therapy fields

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Code	Global Fee	PC Fee	TC Fee	Description
76376	123.67	8.31	115.35	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
76377	153.15	32.64	120.51	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
76380	158.91	38.67	120.24	Computed tomography, limited or localized follow-up study
76390	434.69	55.95	378.74	Magnetic resonance spectroscopy
76393	444.30	60.17	384.13	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation
76394	575.64	168.65	406.99	Magnetic resonance guidance for, and monitoring of, visceral tissue ablation
76400	448.18	63.15	385.03	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
76496	I.C.			Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
76497	I.C.			Unlisted computed tomography procedure (eg, diagnostic, interventional)
76498	I.C.			Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	I.C.			Unlisted diagnostic radiographic procedure
76506	75.57	26.76	48.81	Echoencephalography, B-scan and/or real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents and detection of fluid masses or other intracranial abnormalities), including A-mode encephalograph
76510	140.25	66.17	74.08	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	109.09	39.98	69.11	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	102.92	40.42	62.50	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	80.92	28.35	52.57	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
76514	9.47	7.59	1.88	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
76516	65.11	23.14	41.96	Ophthalmic biometry by ultrasound echography, A-scan;
76519	68.09	23.14	44.94	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
76529	63.41	24.20	39.21	Ophthalmic ultrasonic foreign body localization
76536	70.74	21.94	48.81	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), B-scan and/or real time with image documentation
76604	66.60	21.66	44.94	Ultrasound, chest, B-scan (includes mediastinum) and/or real time with image documentation
76645	57.49	21.38	36.11	Ultrasound, breast(s) (unilateral or bilateral), B-scan and/or real time with image documentation

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Code	Global Fee	PC Fee	TC Fee	Description
76700	100.32	32.30	68.02	Ultrasound, abdominal, B-scan and/or real time with image documentation; complete
76705	72.13	23.32	48.81	Ultrasound, abdominal, B-scan and/or real time with image documentation; limited (eg, single organ, quadrant, follow-up)
76770	97.16	29.14	68.02	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; complete
76775	71.85	23.05	48.81	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), B-scan and/or real time with image documentation; limited
76778	97.16	29.14	68.02	Ultrasound, transplanted kidney, B-scan and/or real time with image documentation, with or without duplex Doppler study
76800	92.52	43.71	48.81	Ultrasound, spinal canal and contents
76801	112.15	39.61	72.55	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; single or first gestation
76802	70.97	33.51	37.45	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76805	112.15	39.61	72.55	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal approach; single or first gestation
76810	79.02	39.33	39.69	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76811	205.05	78.21	126.84	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
76812	116.96	73.01	43.95	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
76815	75.12	26.31	48.81	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), one or more fetuses
76816	73.16	35.06	38.09	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
76817	81.75	30.08	51.67	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	98.70	43.15	55.55	Fetal biophysical profile; with non-stress testing
76819	86.84	31.30	55.55	Fetal biophysical profile; without non-stress testing
76820	76.82	20.83	55.99	Doppler velocimetry, fetal; umbilical artery
76821	85.02	29.02	55.99	Doppler velocimetry, fetal; middle cerebral artery
76825	135.76	67.74	68.02	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;

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Code	Global Fee	PC Fee	TC Fee	Description
76826	57.92	33.29	24.63	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
76827	83.12	23.48	59.64	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
76828	62.03	23.49	38.54	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
76830	79.99	27.42	52.57	Ultrasound, transvaginal
76831	81.48	28.92	52.57	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed
76856	79.99	27.42	52.57	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; complete
76857	72.92	14.96	57.96	Ultrasound, pelvic (nonobstetric), B-scan and/or real time with image documentation; limited or follow-up (eg, for follicles)
76870	77.94	25.37	52.57	Ultrasound, scrotum and contents
76872	96.77	27.31	69.45	Ultrasound, transrectal;
76873	135.00	61.55	73.44	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)
76880	72.13	23.32	48.81	Ultrasound, extremity, non-vascular, B-scan and/or real time with image documentation
76885	81.70	29.14	52.57	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician manipulation)
76886	73.29	24.49	48.81	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician manipulation)
76930	79.87	27.31	52.57	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
76932	79.87	27.31	52.57	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
76936	296.48	79.95	216.53	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)
76937	27.12	12.30	14.82	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
76940	140.75	83.93	56.82	Ultrasound guidance for, and monitoring of, visceral tissue ablation
76941	106.74	54.29	52.45	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
76942	122.14	26.54	95.61	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
76945	78.98	26.54	52.45	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
76946	68.19	15.62	52.57	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
76948	67.86	15.29	52.57	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
76950	67.99	23.05	44.94	Ultrasonic guidance for placement of radiation therapy fields

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Code	Global Fee	PC Fee	TC Fee	Description
76965	244.76	53.19	191.57	Ultrasonic guidance for interstitial radioelement application
76970	51.95	15.84	36.11	Ultrasound study follow-up (specify)
76975	85.19	32.63	52.57	Gastrointestinal endoscopic ultrasound, supervision and interpretation
76977	30.54	2.27	28.27	Ultrasound bone density measurement and interpretation, peripheral site(s), any method
76986	139.65	49.43	90.21	Ultrasonic guidance, intraoperative
76999	I.C.			Unlisted ultrasound procedure (eg, diagnostic, interventional)
77261	57.00			Therapeutic radiology treatment planning; simple
77262	85.81			Therapeutic radiology treatment planning; intermediate
77263	127.41			Therapeutic radiology treatment planning; complex
77280	146.84	27.59	119.25	Therapeutic radiology simulation-aided field setting; simple
77285	233.29	41.49	191.80	Therapeutic radiology simulation-aided field setting; intermediate
77290	285.65	61.61	224.04	Therapeutic radiology simulation-aided field setting; complex
77295	1140.47	179.95	960.53	Therapeutic radiology simulation-aided field setting; 3-dimensional
77299	I.C.			Unlisted procedure, therapeutic radiology clinical treatment planning
77300	70.42	24.49	45.93	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician
77301	1276.15	315.62	960.53	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77305	92.30	27.92	64.38	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)
77310	121.88	41.49	80.39	Teletherapy, isodose plan (whether hand or computer calculated); intermediate (three or more treatment ports directed to a single area of interest)
77315	153.14	61.61	91.54	Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
77321	176.19	37.40	138.79	Special teletherapy port plan, particles, hemibody, total body
77326	118.22	36.84	81.38	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
77327	173.93	54.68	119.25	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
77328	252.76	82.61	170.15	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
77331	51.30	34.29	17.00	Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician

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Code	Global Fee	PC Fee	TC Fee	Description
77332	67.21	21.28	45.93	Treatment devices, design and construction; simple (simple block, simple bolus)
77333	98.50	33.13	65.37	Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
77334	160.72	48.97	111.74	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
77336	102.58			Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
77370	119.91			Special medical radiation physics consultation
77399	I.C.			Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
77401	61.40			Radiation treatment delivery, superficial and/or ortho voltage
77402	61.40			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV
77403	61.40			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV
77404	61.40			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV
77406	61.40			Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater
77407	72.22			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV
77408	72.22			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 6-10 MeV
77409	72.22			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 11-19 MeV
77411	72.22			Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater
77412	80.39			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 MeV
77413	80.39			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV
77414	80.39			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV
77416	80.39			Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater
77417	20.43			Therapeutic radiology port film(s)

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Code	Global Fee	PC Fee	TC Fee	Description
77418	601.18			Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
77421	129.05	15.57	113.48	Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy
77422	59.53			High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking
77423	77.74			High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77427	130.69			Radiation treatment management, five treatments
77431	74.72			Radiation therapy management with complete course of therapy consisting of one or two fractions only
77432	325.16			Stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)
77470	465.98	82.61	383.37	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)
77499	I.C.			Unlisted procedure, therapeutic radiology treatment management
77520	I.C.			Proton treatment delivery; simple, without compensation
77522	I.C.			Proton treatment delivery; simple, with compensation
77523	I.C.			Proton treatment delivery; intermediate
77525	I.C.			Proton treatment delivery; complex
77600	166.50	61.61	104.90	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	223.08	83.39	139.68	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	166.84	61.94	104.90	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	221.96	82.27	139.68	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	169.86	64.96	104.90	Hyperthermia generated by intracavitary probe(s)
77750	239.40	193.80	45.60	Infusion or instillation of radioelement solution (includes 3 months follow-up care)
77761	231.96	145.72	86.24	Intracavitary radiation source application; simple
77762	349.87	225.76	124.11	Intracavitary radiation source application; intermediate
77763	492.20	338.06	154.14	Intracavitary radiation source application; complex
77776	245.68	170.26	75.42	Interstitial radiation source application; simple
77777	440.00	294.69	145.31	Interstitial radiation source application; intermediate
77778	617.28	441.06	176.23	Interstitial radiation source application; complex
77781	763.21	65.37	697.84	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	796.29	98.45	697.84	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	844.66	146.82	697.84	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters

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Code	Global Fee	PC Fee	TC Fee	Description
77784	919.23	221.39	697.84	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
77789	60.00	44.65	15.35	Surface application of radiation source
77790	58.50	41.49	17.00	Supervision, handling, loading of radiation source
77799	I.C.			Unlisted procedure, clinical brachytherapy
78000	40.94	7.48	33.46	Thyroid uptake; single determination
78001	55.35	10.41	44.94	Thyroid uptake; multiple determinations
78003	46.48	13.02	33.46	Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)
78006	101.38	19.33	82.04	Thyroid imaging, with uptake; single determination
78007	108.50	19.94	88.56	Thyroid imaging, with uptake; multiple determinations
78010	78.62	15.57	63.05	Thyroid imaging; only
78011	100.93	17.89	83.04	Thyroid imaging; with vascular flow
78015	115.42	26.87	88.56	Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)
78016	152.26	32.68	119.58	Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)
78018	221.29	34.68	186.61	Thyroid carcinoma metastases imaging; whole body
78020	70.55	24.04	46.51	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)
78070	177.08	32.91	144.17	Parathyroid imaging
78075	216.41	29.80	186.61	Adrenal imaging, cortex and/or medulla
78099	I.C.			Unlisted endocrine procedure, diagnostic nuclear medicine
78102	92.55	21.99	70.56	Bone marrow imaging; limited area
78103	139.17	30.08	109.09	Bone marrow imaging; multiple areas
78104	171.81	31.80	140.01	Bone marrow imaging; whole body
78110	40.61	7.81	32.80	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling
78111	97.53	8.97	88.56	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings
78120	69.32	9.25	60.07	Red cell volume determination (separate procedure); single sampling
78121	112.55	12.74	99.81	Red cell volume determination (separate procedure); multiple samplings
78122	176.23	18.22	158.01	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)
78130	122.37	24.54	97.83	Red cell survival study;
78135	192.88	25.70	167.17	Red cell survival study; differential organ/tissue kinetics, (eg, splenic and/or hepatic sequestration)
78140	159.36	24.21	135.15	Labeled red cell sequestration, differential organ/tissue, (eg, splenic and/or hepatic)
78185	97.56	16.18	81.38	Spleen imaging only, with or without vascular flow
78190	241.37	44.93	196.43	Kinetics, study of platelet survival, with or without differential organ/tissue localization
78191	276.18	24.21	251.97	Platelet survival study
78195	188.21	48.20	140.01	Lymphatics and lymph nodes imaging

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Code	Global Fee	PC Fee	TC Fee	Description
78199	I.C.			Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
78201	99.00	17.62	81.38	Liver imaging; static only
78202	119.04	20.22	98.82	Liver imaging; with vascular flow
78205	231.59	28.31	203.28	Liver imaging (SPECT);
78206	237.24	38.44	198.80	Liver imaging (SPECT); with vascular flow
78215	120.14	19.33	100.81	Liver and spleen imaging; static only
78216	142.13	22.55	119.58	Liver and spleen imaging; with vascular flow
78220	147.09	19.33	127.75	Liver function study with hepatobiliary agents, with serial images
78223	159.23	33.46	125.77	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function
78230	93.31	17.89	75.42	Salivary gland imaging;
78231	129.92	20.83	109.09	Salivary gland imaging; with serial images
78232	140.35	18.78	121.57	Salivary gland function study
78258	128.29	29.47	98.82	Esophageal motility
78261	168.76	27.75	141.01	Gastric mucosa imaging
78262	173.12	27.14	145.97	Gastroesophageal reflux study
78264	172.91	30.91	142.00	Gastric emptying study
78267	I.C.			Urea breath test, C-14 (isotopic); acquisition for analysis
78268	I.C.			Urea breath test, C-14 (isotopic); analysis
78270	61.65	8.09	53.56	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor
78271	64.63	8.09	56.54	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor
78272	90.75	10.69	80.06	Vitamin B-12 absorption studies combined, with and without intrinsic factor
78278	206.45	39.28	167.17	Acute gastrointestinal blood loss imaging
78282		15.29		Gastrointestinal protein loss
78290	132.04	27.14	104.90	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)
78291	140.46	35.23	105.23	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)
78299	I.C.			Unlisted gastrointestinal procedure, diagnostic nuclear medicine
78300	110.40	24.82	85.58	Bone and/or joint imaging; limited area
78305	158.95	33.18	125.77	Bone and/or joint imaging; multiple areas
78306	180.98	34.35	146.63	Bone and/or joint imaging; whole body
78315	204.63	40.44	164.19	Bone and/or joint imaging; three phase study
78320	244.94	41.66	203.28	Bone and/or joint imaging; tomographic (SPECT)
78350	34.59	8.64	25.95	Bone density (bone mineral content) study, one or more sites; single photon absorptiometry
78351	I.C.			Bone density (bone mineral content) study, one or more sites; dual photon absorptiometry, one or more sites
78399	I.C.			Unlisted musculoskeletal procedure, diagnostic nuclear medicine
78414		18.22		Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations
78428	109.64	31.90	77.74	Cardiac shunt detection
78445	84.04	19.66	64.38	Non-cardiac vascular flow imaging (ie, angiography, venography)

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Code	Global Fee	PC Fee	TC Fee	Description
78456	178.49	39.88	138.60	Acute venous thrombosis imaging, peptide
78457	122.17	30.63	91.54	Venous thrombosis imaging, venogram; unilateral
78458	174.58	36.45	138.13	Venous thrombosis imaging, venogram; bilateral
78459	1017.61	61.59	956.10	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78460	115.73	34.35	81.38	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	211.67	49.47	162.20	Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
78464	286.73	43.70	243.03	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	464.06	58.82	405.23	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78466	117.96	27.75	90.21	Myocardial imaging, infarct avid, planar; qualitative or quantitative
78468	157.56	31.80	125.77	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique
78469	216.21	36.45	179.76	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	229.14	39.33	189.81	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing
78473	342.54	58.99	283.55	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification
78478	79.15	25.26	53.89	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)
78480	78.82	24.93	53.89	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)
78481	219.53	39.77	179.76	Cardiac blood pool imaging, (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78483	330.18	59.76	270.41	Cardiac blood pool imaging, (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification
78491	1018.48	62.47	956.10	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	1664.94	77.93	1587.13	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	289.49	48.03	241.46	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

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Code	Global Fee	PC Fee	TC Fee	Description
78496	261.73	20.27	241.46	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	I.C.			Unlisted cardiovascular procedure, diagnostic nuclear medicine
78580	147.40	29.47	117.93	Pulmonary perfusion imaging, particulate
78584	149.36	39.28	110.09	Pulmonary perfusion imaging, particulate, with ventilation; single breath
78585	237.38	43.27	194.12	Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath
78586	105.06	15.84	89.22	Pulmonary ventilation imaging, aerosol; single projection
78587	115.84	19.66	96.17	Pulmonary ventilation imaging, aerosol; multiple projections (eg, anterior, posterior, lateral views)
78588	153.58	43.27	110.31	Pulmonary perfusion imaging, particulate, with ventilation imaging, aerosol, one or multiple projections
78591	113.67	15.84	97.83	Pulmonary ventilation imaging, gaseous, single breath, single projection
78593	137.92	19.33	118.59	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection
78594	191.92	21.11	170.81	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections (eg, anterior, posterior, lateral views)
78596	293.27	50.24	243.03	Pulmonary quantitative differential function (ventilation/perfusion) study
78599	I.C.			Unlisted respiratory procedure, diagnostic nuclear medicine
78600	116.44	17.62	98.82	Brain imaging, limited procedure; static
78601	137.15	20.22	116.93	Brain imaging, limited procedure; with vascular flow
78605	138.04	21.11	116.93	Brain imaging, complete study; static
78606	158.54	25.37	133.17	Brain imaging, complete study; with vascular flow
78607	274.83	49.47	225.36	Brain imaging, complete study; tomographic (SPECT)
78608	1015.87	59.83	956.10	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	1015.87	59.83	956.10	Brain imaging, positron emission tomography (PET); perfusion evaluation
78610	66.74	12.19	54.55	Brain imaging, vascular flow only
78615	149.57	17.06	132.50	Cerebral vascular flow
78630	200.39	27.14	173.25	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography
78635	112.54	24.98	87.56	Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography
78645	140.47	22.55	117.93	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation
78647	239.40	36.12	203.28	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78650	183.87	24.54	159.33	Cerebrospinal fluid leakage detection and localization
78660	94.31	21.11	73.21	Radiopharmaceutical dacryocystography
78699	I.C.			Unlisted nervous system procedure, diagnostic nuclear medicine
78700	122.79	17.89	104.90	Kidney imaging; static only

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Code	Global Fee	PC Fee	TC Fee	Description
78701	141.56	19.33	122.23	Kidney imaging; with vascular flow
78704	165.29	29.47	135.81	Kidney imaging; with function study (ie, imaging renogram)
78707	191.59	38.11	153.48	Kidney imaging with vascular flow and function; single study without pharmacological intervention
78708	201.73	48.25	153.48	Kidney imaging with vascular flow and function; single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78709	209.49	56.01	153.48	Kidney imaging with vascular flow and function; multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)
78710	229.54	26.26	203.28	Kidney imaging, tomographic (SPECT)
78715	66.74	12.19	54.55	Kidney vascular flow only
78725	77.02	15.29	61.73	Kidney function study, non-imaging radioisotopic study
78730	64.54	14.40	50.13	Urinary bladder residual study
78740	95.98	22.77	73.21	Ureteral reflux study (radiopharmaceutical voiding cystogram)
78760	118.46	26.26	92.20	Testicular imaging;
78761	138.40	28.31	110.09	Testicular imaging; with vascular flow
78799	I.C.			Unlisted genitourinary procedure, diagnostic nuclear medicine
78800	143.42	26.48	116.93	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area
78801	176.95	31.97	144.98	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas
78802	224.82	34.35	190.47	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging
78803	269.29	43.93	225.36	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78804	416.71	42.82	373.89	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring two or more days imaging
78805	146.13	29.19	116.93	Radiopharmaceutical localization of inflammatory process; limited area
78806	255.74	34.35	221.39	Radiopharmaceutical localization of inflammatory process; whole body
78807	269.40	44.04	225.36	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78811	1183.09	62.72	1120.43	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	1571.66	77.84	1493.91	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	1948.08	80.77	1867.39	Tumor imaging, positron emission tomography (PET); whole body
78814	1306.45	88.64	1217.91	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)
78815	1721.72	97.94	1623.88	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh

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Code	Global Fee	PC Fee	TC Fee	Description
78816	2130.01	100.27	2029.85	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
78890	46.99	2.27	44.72	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes
78891	94.31	4.32	89.99	Generation of automated data: interactive process involving nuclear physician and/or allied health professional personnel; complex manipulations and interpretation, exceeding 30 minutes
78999	I.C.			Unlisted miscellaneous procedure, diagnostic nuclear medicine
79005	161.79	71.57	90.21	Radiopharmaceutical therapy, by oral administration
79101	168.54	78.33	90.21	Radiopharmaceutical therapy, by intravenous administration
79200	170.26	80.05	90.21	Radiopharmaceutical therapy, by intracavitary administration
79300		65.82		Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	238.94	94.10	144.84	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
79440	171.03	80.82	90.21	Radiopharmaceutical therapy, by intra-articular administration
79445	185.48	96.39	89.19	Radiopharmaceutical therapy, by intra-arterial particulate administration
79999	I.C.			Radiopharmaceutical therapy, unlisted procedure

Code	Global Fee	Description
A4641	I.C.	Radiopharmaceutical, diagnostic, not otherwise classified
A9500	I.C.	Technetium Tc-99m sestamibi, diagnostic, per study dose, up to 40 millicuries
A9502	I.C.	Technetium Tc-99m tetrofosmin, diagnostic, per study dose, up to 40 millicuries
A9503	I.C.	Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
A9505	I.C.	Thallium Tl-201 thallous chloride, diagnostic, per millicurie
A9512	I.C.	Technetium Tc-99m pertechnetate, diagnostic, per millicurie
A9537	I.C.	Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
R0070	32.00	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen

18.05: Severability

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The provisions of 114.3 CMR 18.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 18.00: M.G.L. c. 118G.